



NASSAU COUNTY FIRE COMMISSION
OFFICE OF FIRE MARSHAL

1194 PROSPECT AVENUE
WESTBURY, NEW YORK 11590
516-573-9900

FIRE DETECTION AND FIRE ALARM SYSTEM TEST

To: J.K. Electric Co.
Tyco/Simplex Bunnell

Date: / /

Location ID#: 20000833

T/I #: 20028804

Location: NAVAL FACILITIES WATER TREATMENT PLANT 6 TO SEAMANS NECK RD
WANTAGH.

	Pass	Fail	NA	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Original, stamped approved plans on site with cut sheets and battery calculations.
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stamped original plans match installation.
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remote annunciator is visible and readable from the exterior.
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All areas/rooms on premise protected by system as required.
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct amp hour batteries installed at FACP and power supplies.
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T-bars and back boxes are installed on all ceiling tile mounted system detectors.
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No smoke detector located within 3ft of supply air diffusers.
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke detector(s) minimum 4" off wall /maximum 15' off wall, maximum spacing 30ft apart /41ft in corridors <10 ft wide.
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat detector(s) minimum 4" off wall /maximum 25 ft off wall, maximum spacing 50ft apart.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Remote indicator lights provided for concealed detectors are visible and labeled with device description.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All rooms that contain main FACP or sub FACP are adequately labeled on entry door.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Access provided for service of all concealed detection devices.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Detection in accessible spaces greater than 6 inches in depth.
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke detectors tested as per manufacturer approved method. Device location descriptions accurate.
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat detectors tested as per manufacturer approved method. Device location descriptions accurate.
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All manual pull stations tested as per manufacturer approved method.
17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Fire Sprinkler water flow devices tested - Alarm within 90 seconds maximum.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All Fire Sprinkler dry system(s) trip tested - Alarm 90 seconds maximum.
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Automatic Fire Extinguishing system(s) tested from micro switch.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All Beam type smoke detector devices tested as per manufacturer approved method.
21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Fire Sprinkler tamper switches tested.
22.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trouble/supervisory signals for manual pull stations, smoke detectors, heat detectors and horn/strobes.
23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical (AC loss) disconnect trouble signal.
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery disconnect trouble signal.
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dedicated hard-wired phone line(s) loss trouble signal.
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground fault trouble signal.
27.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Immediate HVAC fan shut down.
28.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fan restart is independent of FACP reset.
29.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Strobes remain active upon alarm silence.
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Magnetic hold open devices release for fire/smoke doors.
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required fire shutters close.
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required HVAC dampers close.
33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Sprinkler water flow device activates a non-silenceable alarm. Alarm to remain active until water flow is shut off.
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Magnetic locking devices deactivate upon fire alarm system activation.

Comments:

☒ System in compliance and approved ☐ System not in compliance ☐ Revised Plans Required w/ Fees
☐ Re-Inspection w/ Fee Required

Fire Marshal

Shield #



NASSAU COUNTY FIRE COMMISSION
OFFICE OF FIRE MARSHAL

1194 PROSPECT AVENUE
WESTBURY, NEW YORK 11590
516-573-9900

Location ID #: 20000833

Date: 1/13/15

To: SK Electric Co / Simplex Grinnell

Re: Nassau Facilities Water Treatment Plant 670 Saunders Ave rd

To Whom it may concern:

An inspection and/or test of the system(s) indicated below was witnessed by a representative of this office on 1/13/15. As a result of the inspection(s)/test(s) at the above location, it was observed that the system(s) were were not in compliance with the requirements of this office at that time.

SYSTEM TESTS:

☐ Sprinkler System {Permit #'s} SSP

☒ Fire Alarm/Smoke Detection System {Permit #'s}

☐ Hood & Duct {Permit #'s} HDP

☐ Automatic Extinguishing System {Permit #'s} AEP
Type: _____

☐ Emerg. Gen/Emerg. Lighting System('s) ☐ HVAC (Dampers)

☐ Other: _____

Comments:

System tested smoke, pull, heat, water flow and trigger fan start/stop.
SYSTEM APPROVED

[Signature]

[Signature] Sh# 35
Fire Marshal Flower
IND. Division